

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
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TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	18		↔		↔	↔
TOTAL CLAIMS	21					

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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96			
97			
98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↔	↔
TOTAL CLAIMS			↔

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy